MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09 931 375	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2	/							52						
3		/						53						
4		/						54						
5	/							55						
6	/							56						
7	/							57						
8	/							58						
9		/						59						
10		/						60						
11	/							61						
12		/						62						
13		/						63						
14		/						64						
15	/							65						
16		/						66						
17		/						67						
18	/							68						
19	/	/						69						
20		-						70						
21		/						71						
22	/							72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29	/	/						79						
30	/							80						
31								81						
32								82						
33								83						
34								84						
35								85						
36		/						86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	12							TOTAL IND.						
TOTAL DEP.	24							TOTAL DEP.						
TOTAL CLAIMS	36							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)